

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		2/2	4/21/01
FORMALITY REVIEW	LT	50708	6-25-01
RESPONSE FORMALITY REVIEW	8/2	852	11-01-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	11/18/01
2	12/14/01
3	11/27/01
4	12/14/01
5	11/27/01
6	12/14/01
7	11/27/01
8	12/14/01
9	11/27/01
10	12/14/01
11	11/27/01
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43	11/27/01
44	12/14/01
45	11/27/01
46	12/14/01
47	11/27/01
48	12/14/01
49	11/27/01
50	12/14/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here